| POSITION | INITIALS | ID NO. | DATE |
|---|---|---|---|
| | | | |
| FEE DETERMINATION | S.Z | | 4-11-01 |
| O.I.P.E. CLASSIFIER | | | 5/8 |
| FORMALITY REVIEW | | 1027 | 05/24/01 |
| RESPONSE FORMALITY REVIEW | | 927 | 11-27-01 |
| | | | |

## INDEX OF CLAIMS

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| ✔ | ................................. Rejected | N | ................................. Non-elected |
| = | ................................. Allowed | I | ................................. Interference |
| − | (Through numeral)... Canceled | A | ................................. Appeal |
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| Claim (Final) | Original | Date | | | | | | | | | | | Claim (Final) | Original | Date | | | | | | | | | Claim (Final) | Original | Date | | | | | | | | | |
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If more than 150 claims or 10 actions
staple additional sheet here

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